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Bib Data Sheet

CONFIRMATION NO. 5265

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/659,798   | <b>FILING OR 371(c) DATE</b><br>09/10/2003<br><b>RULE</b>   | <b>CLASS</b><br>366           | <b>GROUP ART UNIT</b><br>1723   | <b>ATTORNEY DOCKET NO.</b><br>Vandri.G-14 |
| <b>APPLICANTS</b><br>Gerhardt Van Drie, El Segundo, CA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/409,679 09/10/2002 <i>CC</i><br>and claims benefit of 60/471,576 05/19/2003   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None CC</i>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 12/05/2003</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>Cooley CC</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>9                  |
|  |   |                               | <b>INDEPENDENT CLAIMS</b><br>2  |   |
| <b>ADDRESS</b><br>22197  |   |                               |   |   |
| <b>TITLE</b><br>Gravity powered mixer system   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>375  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |